Community Medicine Newsletter

In This Issue

Resources

Featured

Feature Community Medicine Physician:

Michelle Johnson, MD

We reached out to Dr. Johnson from Whittier Street Health Center, to ask a few questions:

Q. What is the best part about being an internist?

A. The best parts about being an internist are those special patient interactions that I have had over the years. I love talking to people and finding out where they are coming from. It feels good to be able to help someone with their health and hopefully make them feel better than when they first walked into your office.

Aug 8, 2016 (Vol. 4, ed. 2)

Director's Notes

Substance Use Disorders and Stigma

Since September of 2015, I've led a Substance Abuse Disorder and Chronic Pain program at Mattapan Community Health Center. We provide buprenorphine and naltrexone induction and maintenance in conjunction with group medication management/counseling visits for patients with opioid use disorder. Our weekly group provides positive support to our patients and enables them to share about their efforts and stressors from staying sober. Our aim is to provide a supportive, non-judgmental, and safe environment using a harm-reduction approach focused on reinforcing any and all positive behaviors. Sobriety is not required, only reasonable efforts towards that goal.

Our patients are challenged less by their disease and more by the stress, anger, frustration, and despair they experience in sobriety. Harassed, discriminated, and stigmatized by the courts, the police, employers, friends, family, active drug users, old drug dealers and even themselves - our patients rarely get a break or the benefit of the doubt.

Sometimes, the language of clinicians unwittingly stigmatizes them. Our Team members regularly catch (and work to correct) ourselves describing our patients or their urine drug tests as "clean" or "dirty." Even the word addiction is fraught, I avoid it and instead use the DSM-IV term "Use Disorder" to describe the disease without prejudice.

When applying for jobs, it is common for our patients to face rejection or retracted offers because of this disease. The police have taunted one of our patients; having confiscated his prescription, two officers refused to return it, laughing in his face, and told him "too bad, you'll just have to go get high until your doc writes you a new script." One patient related that after a volatile argument with her sister, her sister ran out to the front of their house and screamed to the neighborhood that our patient was a "worthless drug addict." Another patient, traumatized by 5 years in solitary confinement while incarcerated, continues to suffer from the sequelae of that torture.

Substance use disorder can lead to individuals to engage in behaviors that often leave them ill-suited to engage in the larger society. Then, despite productive engagement in treatment, patients often continue to be stigmatized by assumptions that their past actions and behaviors could continue.

As healthcare providers, we are privileged to intimately know

Q. What drew you to working in community-based Primary Care?

A. I have always wanted to work in a community based practice since I was young. This stemmed from the fact that when I was growing up in New York City, my grandmother, who spoke no English, lived with us and I was the designated person to accompany her to all of her appointments at the community health center where she got her care. I was especially influenced by the example of her long term primary care doctor at that time who was kind and gentle and whom I admired for the work and service that she provided to the surrounding community.

Q. What has been your biggest challenge?

A. My biggest challenges have been balancing the paper work demands of primary care and the time constraints placed on the medical encounters with the patients.

Q. What advice would you give a med student or resident, considering a career in Primary Care or internal medicine?

A. What I would say to a med student or resident considering a career in Primary Care is, first, that it is a very rewarding specialty because of the integral part you are able to play in a patient's life. Secondly, they also need to know that there are challenges and demands involved in providing that all humans make bad choices at various points in their lives. In the case of substance use disorders, I think it is fair to ask "What good comes from continued stigmatization and marginalization of these people, especially when in treatment? How does this help society?" Moreover, for our patients with some degree of substance use disorder, given the enormous challenges they face, one way we can support and advocate for them as they recover is to choose language carefully and to treat them with respect, not judgment.

Warm Regards,
Christopher W. Shanahan, MD MPH FACP
Director, Community Medicine Unit

Network News

The MA Prescription Monitoring Program (MA PMP) is launching a new online PMP: the Massachusetts Prescription Awareness Tool (MassPAT)

Online registration for MassPAT began July 14th & the database will be open for prescription data searches beginning August 22nd, 2016.

Continue using the existing online PMP for your patient searches (MA Online PMP available via the Virtual Gateway) through August 21, 2016.

1. Create an Account:

a. Register for MassPAT today! Note: you will not be able to conduct patient searches until August 22.

b. Follow this link to access MassPAT: "Create an Account" to begin your registration.
Please complete the registration process in one sitting. Before beginning the registration process, please be sure to have the following information available:

* Federal Drug Enforcement Administration (DEA) Number.
* Professional License or Board Number. Please enter the prefix before the number if applicable (i.e. RN1234).
* Massachusetts Controlled Substance Registration (MCSR) Number. Please enter your MCSR# in the "Controlled Substance ID" field.

2. Enter Username:

Create an account by entering your professional email address as your username. The email address you choose for your username will be used by the PMP for communication purposes and to link with the delegate, resident, and intern account(s) that you approve. If you do not have a professional email address, please use an email address you use frequently.

3. Authenticate your Username:

primary care to patients that make the job difficult at times. Lastly, as long as you feel it is the right thing for you, then you should go into primary care because you can truly make a difference in the lives of people, families and a community.

Q. What experience with a patient has stuck with you and why?

A. One experience which has stuck with me is that with a patient who was a heavy smoker and had severe COPD when I first met her. I continued to talk to her about her smoking and warned her repeatedly about stopping. However, in the back of my mind I knew that I was fighting a losing battle. Finally, one day I saw her and as usual I asked her about her smoking and she said to me that she had stopped smoking a while ago because I encouraged her to do so. Today, she has been smoke free for almost 10 years and her COPD has improved tremendously! Another patient experience that has stuck in my mind is the older patient who followed me to Whittier Street from the previous health care center in which I worked and continues to be my patient to this day. I also took care of her daughter until her death and now her granddaughter is also my patient. I count it a privilege to be involved in the life of this family and to provide care to 3 generations.

You will receive an email asking you to authenticate your email address/username. Don't forget to check your spam box!

4. "Pended" Registration:

If any of the credentials you entered do not match what is on file, your account will be pended.

5. "Rejected" Registration:

a. You will receive an email if your registration is rejected. Your account may be rejected if required credentials are missing or incorrect.

b. If you receive a rejection email, please follow the instructions to start the account creation process over (Step 1 above).

6. Accessing MassPAT:

Once your registration is approved, you will have access to your MassPAT dashboard. Please note: You will not be able to conduct patient searches in MassPAT until August 22, 2016.

Notice to all Prescribers - Effective October 15, 2016, you will be required to check MassPAT each time you prescribe a Schedule II-III opioid and when prescribing a benzodiazepine or DPH designated Schedule IV-VI for the first time.

Delegates & Residents will not be able to create an account until you, the primary account holder, have created an account. The PMP will send further instructions for Delegate & Residents registration on August 1st, 2016.

For more information, including tutorial videos, please visit the PMP website.

If you have any questions, please contact the helpdesk (available 24/7): 1-855-562-4767.

Call for Ideas for the CMU Newsletter

As part of the dialogue between BMC and our affiliated health centers, we want to make sure that the most meaningful content is included, so we encourage you to please let us know if there is a topic we should highlight. Please send in your ideas for future newsletters.

BUMC & GIM Updates

Fourth Annual Kathy Bennett Memorial Lecture in Community Medicine Grand Rounds is Scheduled

Please mark your calendars! The 4th annual Kathy Bennett Memorial Lecture will be held Weds, Oct 5th, 2016. Additional details will be emailed shortly.

Community Medicine Unit Website has a new look

Q. What do you like to do, in your free time?

A. In my free time, I love spending time with my family and going on outings with them. Otherwise, I love to go on walks and just relax.

Thanks for sharing, Dr. Johnson!

Clinician's Corner by Geoffrey Modest, MD

A study of the sensitivity/specificity of 2015 USPSTF community-based diabetes screening guidelines found over half the cases are missed (DM HgBa1c USPSTF misses half PLoS2016). Those guidleines recommended screening for overweight/ obese persons 40-70 yo.

Methods:

- Retrospective analysis of EHR data of 50,515 adult primary care PTs seen (2008-2010) in 6 health centers (Midwest & Southwest), FU <= 3 years (median 1.9). (screened prior to 2015 USPSTF guidelines)
- N=18,846; >40 yo (37%); Overweight/obese (66%); racial/ethnic minorities (77%; 35% Black, 34% Hispanic, 9% other)
- Excluded PTs with dysglycemia (glucose intolerance or diabetes) at baseline
- Study compared actual findings of dysglycemia (by the usual fasting or post-prandial sugar/A1c) criteria with those who wouldn't have been screened based on later-

We are pleased to announce the new format to our CMU website. The site will continue to serve as a repository of useful information for community-based providers. Look for additional content updates. Please help us by sending your comments and suggestions to help continued improvement.

2016 BUSM Community-based Educator of the Year announced

We would like to congratulate this year's recipient, Dr. Suru Lin (South Boston Community Health Center)! The annual award recipients are chosen by house staff, who submit their votes for each award and is given out at the Senior resident dinner. Congrats again to Dr. Lin for this well-deserved recognition!

The Clinical & Translational Science Institute (CTSI) at BUSM: Integrated Pilot Award Program

Please join the CTSI Pilot Program Director, Rick Ruberg, MD and former Pilot awardees to learn more about the CTSI Integrated Pilot Award Program and the upcoming Fall 2016 RFA.

CRC researchers engaged in biomedical research are encouraged to attend and apply for the pilot award.

To qualify the Principal Investigator must have a primary, full-time faculty appointment at Boston University, and the research to be conducted must be based at Boston University, Boston Medical Center or any of their affiliated hospitals and health centers.

Information session is hosted:
Weds, Aug 3rd
9:30-11:00 a.m.
72 E. Concord St, Evans Bldg, 7th floor, Room E720
Light refreshments will be served

Please click here for more information.
Questions contact @ CTSIPilots@bu.edu

Sponsored by Boston University Clinical & Translational Science Institute.

If you are not located at the Medical campus, you must log onto the BUMC VPN. Click here for instructions.

Registration deadline: August 1, 2016
Register Here

BU School of Public Health - Dean's Seminar Series

Dr. Sandro Galea, the new Dean at the BU School of Public Health recently started an exemplary seminar series that is thoughtful, cutting-edge and relevant to Boston Medical Center and surrounding Community Health Centers. For the

published 2015 USPSTF guidelines

Results:

- 59% of PTs had glycemic test within 3 y of FU
- 78% PTs developed dysglycemia using A1C criteria
- 25% of PTs would have been eligible for screening by 2015 USPSTF guidelines
- Using the 2015 Guidelines Sensitivity: 45% (44-46%) PPV: 39% Specificity: 72% (71-73%) NPV; 77%

Subgroup Analysis:

- compared to normal weight consistently found more dysglycemia: overweight PTs: 31% more; obese PTs: 145% more PCOS PTs: 124% %
- dramatic increases in dysglycemia in Pts with increasing number of diabetes risk factors

Multivariate analysis:

- Significantly associated with development of dysglycemia: age >40, overweight/obese, nonwhite race/ethnicity, hypertension, PCOS, history of gestational diabetes, family history of diabetes
- Dysglycemia in racial/ethnic minorities significantly less likely to be eligible for USPSTF guideline-based screening, though had higher odds of developing dysglycemia (OR for Black patients 1.24; Hispanic 1.46).
- Sensitivity for different racial/ethnic groups was: white: 55%; Black: 50%; Hispanic/Latino: 38%
- Lower sensitivity in racial/ethnic minorities reflects greater proportion of PTs who developed dysglycemia

complete series list, updated regularly, you can check the seminar website (which includes live streaming content). For upcoming events, check the Education Corner of each newsletter. Highly recommended!

Soliciting Community Voices!

We will be starting a new opinion column - "View from the Community" - featuring the opinions of our esteemed community-based colleagues - YOU!

There is no specific criteria for submission; the opinions expressed can be on any topic of interest - medical, philosophical, humanistic, personal, etc. Each column will be between 300-500 words.

If you have something you would like to share, please email Sarah Brunt your op ed piece.

Education Corner

Upcoming GIM & DOM Grand Rounds and Ambulatory Rounds

GIM Grand Rounds (CME)

Weds, Sept 7th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"New thoughts on Type II Diabetes" - presented by Sara M. Alexsanian, MD

Weds, Sept 14th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"State of the Section" - presented by Jeffrey Samet, MD, MA, MPH

Weds, Sept 21st @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"TBD" - presented by TBD

Weds, Oct 5th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Kathleen Bennett Memorial Lecture in Community Medicine: TBD" - presented by TBD

Weds, Oct 26th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Safe Opioid Prescribing: Optimizing Patient Care and Protecting Yourself" - presented by Daniel Alford, MD, MPH & Jason Worcester, MD

Weds, Nov 2nd @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Zika Virus Update" - presented by Christina Yarrington, MD & Davidson Hamer, MD

Weds, Nov 9th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"TBD" - presented by TBD

Weds, Nov 30th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Challenging Patient Rounds" - presented by Robert Sokolove, PhD

GIM M & M Rounds (CME)

Weds, Sept 28th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127

at a normal weight & <40 yo

Commentary:

● Diabetes is really common: from the USPSTF document: "~86 million Americans aged 20 years or older have IFG or IGT.
● 15% to 30% of these PTs will develop Type 2 diabetes within 5 years if no lifestyle changes. Many studies show intensive lifestyle changes prevent or delay development of diabetes & significantly decrease micro & macrovascular morbidity.
● Strongly supports the likely utility of screening/potential for earlier intervention.
● NB: ADA has more expansive guidelines for testing asymptomatic adults:
● all overweight (BMI >25, or >23 in Asian-Americans) with at least one additional risk factor:
-- Physical inactivity, first-degree relative with diabetes, members of high-risk ethnic group (African-American, Latino, Native American, Pacific Islander), women who had baby >9 # or had gestational diabetes, hypertension, HDL <35 or triglyceride >250, other clinical condition associated with diabetes (eg acanthosis nigricans), history of CVD
--in absence of above, everyone at age 45
--the NICE guidelines in the UK focus on those at high diabetes risk, independent of obesity

Study Limitations:

Not prospective study of all-comers, can't assess prevalence of dysglycemia or individual risk factors.

"TBD" - presented by Julie Crosson, MD

Weds, Oct 19th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"TBD" - presented by Julie Crosson, MD

Weds, Nov 16th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"TBD" - presented by Julie Crosson, MD

DOM Grand Rounds (CME)

Fri, Sept 9th @12PM-72 E. Concord St, Keefer Auditor.
"TBD" - presented by TBD

Fri, Sept 16th @12PM-72 E. Concord St, Keefer Auditor.
"TBD" - presented by TBD

Fri, Sept 23rd @12PM-72 E. Concord St, Keefer Auditor.
"TBD" - presented by TBD

Fri, Sept 30th @12PM-72 E. Concord St, Keefer Auditor.
"TBD" - presented by TBD

Fri, Oct 7th @12PM-72 E. Concord St, Keefer Auditor.
"TBD" - presented by TBD

Fri, Oct 14th @12PM-72 E. Concord St, Keefer Auditor.
"TBD" - presented by TBD

Fri, Oct 21st @12PM-72 E. Concord St, Keefer Auditor.
"TBD" - presented by TBD

Fri, Oct 28th @12PM-72 E. Concord St, Keefer Auditor.
"TBD" - presented by TBD

DOM M & M Rounds (CME)

Weds, Sept 28th @12PM-72 E. Concord St, L-110
"TBD" - presented by TBD

Weds, Oct 26th @12PM-72 E. Concord St, L-110
"TBD" - presented by TBD

The issues of age<40 & normal weight not disaggregated.
--my experience absolutely reflects the results of the PLoS study: where many people with either glucose intolerance or diabetes who would not qualify under the current USPSTF guidelines (I have been using the Am Diabetic Assn guidelines. In our health center, a large % of our patients under age 40 qualify for testing by these guidelines).
This study is not definitive, but it raises the ante: seems a fair number of patients under 40yo or with normal weight have dysglycemia. It seems to me that the benefits (early reinforcement of intensive lifestyle changes) far outweigh the risks....